Montana Laboratory Sentinel



Updates from the MT Laboratory Services Bureau 800-821-7284 www.lab.hhs.mt.gov

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CDC Public Health Resources for Chemical Exposures

Recent media reports discussing the potential use of chemical agents in the United States may have raised questions among clinicians and public health professionals about the risks of exposure to a number of chemical hazards. In an effort to assist in addressing these questions, CDC would like to remind public health partners of resources to assist in preparing for and responding to chemical exposures in community and clinical settings.

CDC Online Resources

CDC provides resources for clinicians and public health professionals seeking advice and guidance about exposure routes, signs and symptoms, case definitions, or treatment protocols for a wide range of potential chemicals hazards currently news. as botulism (http://www.bt.cdc.gov/agent/botulism), cvanide (http://emergency.cdc.gov/agent/cyanide), sulfur mustard (http://emergency.cdc.gov/agent/sulfurmustard), ricin (http://www.bt.cdc.gov/agent/ricin).

CDC Expert Emergency Consultation

In an emergency, clinicians and public health professionals can reach CDC experts in chemical exposure and medical toxicology at 770-488-7100. This service is available through a 24/7 Emergency Operations Center to assist local, state, and federal agencies. CDC can assist healthcare professionals with questions about emergency patient care.

Poisoning Specialists at the American Association of Poison Control Centers (AAPCC)

AAPCC member poison centers provide expertise and treatment advice for poisonings, including those involving chemical hazards, at 1-800-222-1222. Poison control centers are staffed by pharmacists, physicians, nurses, and poison information providers who are toxicology specialists. Through the AAPCC's national help line, poison control centers provide immediate poison exposure management instructions.

Additional emergency resources for natural, chemical, biological, and radiological hazards can be found at emergency.cdc.gov

Lead: Not Just Child's Play in Montana

In 2008 and 2009, nineteen (19) Montana adults were identified with Blood Lead Levels considered by the Centers for Disease Control and Prevention to be toxic. Sixteen (16) or 84% of these elevated lead levels were associated with workplace exposure. Although lead exposure is often linked to "traditional" lead industries, such as mining and lead battery manufacture, significant exposure occurs in many less obvious occupations, particularly in the firearms, construction and painting industries.

In 2010, EPA implemented the Renovation, Repair, and Painting (RRP) Rule, requiring the use of lead-safe work practices in pre-1978 dwellings and other actions aimed at preventing lead poisoning in young children. In addition to protecting young children from lead exposure, the RRP Rule contains provisions to protect construction workers as well. A key provision of the Rule is the requirement that all RRP workers be monitored for lead exposure. The first step in monitoring is the determination of base levels.

One of the Montana employers currently fulfilling the provisions of the RRP Rule is The Action for Eastern Montana Community Action Partnership (AEMCAP). AEMCAP employs sixteen crew workers and auditors in its weatherization program. In compliance with the RRP Rule, all of these weatherization employees were recently tested to determine baseline blood lead levels. Employees will have subsequent annual blood lead levels determined. Any elevated levels will result in more frequent testing schedules.

As more employers implement the provisions of the RRP Rule, laboratories can expect higher volumes of blood lead tests being performed on adults.

Help in Tracking Montana's RSV Activity – Please respond to e-mail survey

Respiratory Syncytial Virus (RSV) outbreaks typically occur from November through April and are the most common cause of lower respiratory infections in infants and children world-wide. The CDC's National Respiratory and Enteric Virus Surveillance System (NREVSS) http://www.cdc.gov/surveillance/nrevss/ is a laboratory-based system that monitors patterns associated with the detection of RSV and other respiratory and enteric viruses. Knowing when RSV is circulating helps clinicians effectively and cost-efficiently use prevention strategies for infants at risk of RSV infection.

We are asking for your help, by entering your RSV testing data into this web-based system. You should have received a short e-mail survey yesterday concerning this program. Please complete the questions and send to Susie Zanto at szanto@mt.gov.

National Conversation on Public Health and Chemical Exposures

We all expect to be kept safe from harmful chemical exposures. As part of their mission to protect public health, the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) are supporting the *National Conversation on Public Health and Chemical Exposures*.

The goal is to develop an action agenda — clear, achievable recommendations — that can help government agencies and other organizations strengthen their efforts to protect the public from harmful chemical exposures. CDC and ATSDR are engaging a broad range of groups and individuals—government agencies, professional organizations, tribal groups, community and nonprofit organizations, health professionals, business and industry leaders, and members of the public — to develop the action agenda.

Our Partners

CDC and ATSDR are working with several partners to manage the *National Conversation* project, including <u>RESOLVE</u> ☑, a nonprofit organization dedicated to advancing the effective use of consensus building in public decision making; the <u>American Public Health Association</u> ☑; the <u>Association of State and Territorial Health Officials</u> ☑; and the <u>National Association of County and City Health Officials</u> ☑

An Overview

To achieve the *National Conversation's* vision that chemicals are used and managed in safe and healthy ways for all people, we need to work together. Anyone who cares about chemical exposures and public health can have a voice in the *National Conversation*. We invite you to help us generate fresh ideas and share useful strategies. Broad participation will help government agencies and other organizations do a better job of addressing concerns about chemical exposures.

New! Register today for the <u>Web Dialogue!</u> The 2nd Web Dialogue will focus on the DRAFT Action Agenda which is available for public comment from December 20th -January 21st on the <u>RESOLVE web site</u>

Detection of *Coxiella burnetii* in commercially available raw milk from the United States

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Abstract

Unpasteurized (raw) milk can be purchased in 39 U.S. states, with direct consumer purchase for human consumption permitted in 29 of those 39 states. Raw milk (n=21; cow, 14; goat, 7) was purchased in 12 states, and *Coxiella burnetii*, the agent of Q fever, was detected in 9 of 21 (42.9%) samples tested by polymerase chain reaction. Viability of the pathogen was demonstrated by isolation of the agent in tissue culture. The demonstration of viable *C. burnetii* in commercially available raw milk poses a potential public health risk.

The Communicable Disease Epidemiology Program Weekly Update for MMWR reporting for week 52 can be found at: http://www.dphhs.mt.gov/PHSD/epidemiology/documents/CDWeeklyUpdateWk 52.pdf

This issue contains information concerning:

- Influenza season update
- Pertussis immunization reminder
- FDA approves HPV vaccine for anal cancer
- CDC Science Clips information: interesting public health literature at your fingertips



Baby, you don't need me to tell you it's cold outside, so go visit the CDC's Emergency Preparedness and Response page on "Winter Weather: Indoor Safety!"

http://emergency.cdc.gov/disasters/winter/duringstorm/indoorsafety.asp?source=govdelivery